

Please type a plus sign (+) inside this box ☐

0010/PTO Rev. 6/95 U.S. Department of Commerce Patent and Trademark Office DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION Declaration <input checked="" type="checkbox"/> Submitted with Initial Filing OR Declaration <input type="checkbox"/> Submitted after Initial Filing	Attorney Docket Number	960296.93839
	First Named Inventor	Daniel S. Greenspan
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MAMMALIAN TOLLOID-LIKE GENE AND PROTEIN

(Title of the Invention)

the specification of which:

☒ is attached hereto

OR

☐ was filed on (MM/DD/YY) as United States Application Number or PCT InternationalApplication Number and was amended on (MM/DD/YY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached? YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
60/018,684	05/30/96	

0942366-082901

DECLARATION

Page 2

I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT international application in the manner provided in the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name Customer Number or label
OR
☒ List attorney(s) and/or agent(s) name and registration number below

Name	Registration Number	Name	Registration Number
Thad F. Kryshak	19,428	Gregory A. Nelson	30,577
Neil Hamilton	19,869	Keith M. Baxter	31,233
Thomas W. Ehrmann	20,374	John D. Franzini	31,356
Barry E. Sammons	25,608	Joseph W. Bain	34,290
J. Rodman Steele	25,931	Robert J. Sacco	35,667
Nicholas J. Seay	27,386	Jean C. Baker	35,433
George E. Haas	27,642	David G. Ryser	35,407
Michael J. McGovern	28,326	Bennett J. Berson	37,094
Carl R. Schwartz	29,437	Michael A. Jaskolski	37,551

☐ Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto

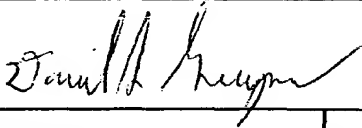
Please direct all correspondence to ☐ Customer Number or label OR ☒ Fill in correspondence address below

Name **Bennett J. Berson**
Address **Quarles & Brady**
Address **P O Box 2113**
City **Madison** State **WI** Zip **53701-2113**
Country **US** Telephone **608/251-5000** Fax **608/251-9166**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name	Daniel	Middle Initial	S.	Family Name	Greenspan	Suffix e.g. Jr.	
------------	---------------	----------------	-----------	-------------	------------------	-----------------	--

Inventor's Signature  Date **5/24/97**

Residence: City **Madison** State **WI** Country **US** Citizenship **US**

Post Office Address **1620 Yahara Place**

Post Office Address

City **Madison** State **WI** Zip **53704** Country **US** Applicant Authority

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

0942366-082901

Please type a plus sign (+) inside this box ☐

DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor															
Given Name	Kazuhiko					Middle Initial		Family Name	Takahara					Suffix e.g. Jr.											
Inventor's Signature	<i>Kazuhiko Takahara</i>										Date	MAY 29 '97													
Residence: City	Madison					State	WI	Country	US					Citizenship	Japan										
Post Office Address	4817 Sheboygan Avenue #201																								
Post Office Address																									
City	Madison					State	WI	Zip	53705					Country	US										
Applicant Authority																									
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor															
Given Name	Guy					Middle Initial	G.	Family Name	Hoffman					Suffix e.g. Jr.											
Inventor's Signature	<i>Guy G. Hoffman</i>										Date	29 MAY 97													
Residence: City	Madison					State	WI	Country	US					Citizenship	US										
Post Office Address	P O Box 259822																								
Post Office Address																									
City	Madison					State	WI	Zip	53725-9822					Country	US										
Applicant Authority																									
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor															
Given Name						Middle Initial		Family Name						Suffix e.g. Jr.											
Inventor's Signature											Date														
Residence: City						State		Country						Citizenship											
Post Office Address																									
Post Office Address																									
City						State		Zip						Country											
Applicant Authority																									
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor															
Given Name						Middle Initial		Family Name						Suffix e.g. Jr.											
Inventor's Signature											Date														
Residence: City						State		Country						Citizenship											
Post Office Address																									
Post Office Address																									
City						State		Zip						Country											
Applicant Authority																									
Additional inventors are being named on supplemental sheet(s) attached hereto																									

09942366-082901